



Check Draft Authorization Form:

***** YOU MUST ENTER THE EXACT AMOUNT TO DRAFT*****

I (WE) _____, hereby authorize Shield Commercial Insurance Services, Inc. to duplicate the attached, or otherwise provided check, in bank draft form.

This authorization is valid for this transaction only. The transaction amount will be for exactly \$ _____.

I (WE) certify that I (WE) am the authorized account holder for this checking account. I (WE) understand this is a binding agreement and I (WE) will receive a copy of each check draft in my statement when the item has cleared.

I (WE) also understand that if my item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, the company will attempt to redeposit the item or items, and may choose to assess a returned check charge in the same or separate draft for \$25, or the maximum returned check charge allowed in your state.

Authorized Account Holder Signature

Date

Tape Your Check Here

Account Type: Checking _____

Depository/Bank Name: _____

Routing Number: _____

Account Number: _____

APP ID: _____

APP Name: _____